

Veterans Healthcare Benefits Handbook



- Welcome
- Facilities
- Providers
- Services
- Quality
- Costs
- Answers

This booklet contains benefits as of March 2003. Benefits may change as a result of law and/or regulation changes at any time.

For the most up-to-date information, go to: www.va.gov/visns/visn02/vet/benefits





Table of Contents

Intro	oduction to Your Veterans Healthcare Benefits Handbook	3
	Welcome to Veterans Healthcare	
	Getting Started (How to Apply)	
	Special Access to Care	3
	Priority Groups and You	4
	Veterans Service Centers	5
	Veterans Identification Card (VIC)	5
	Accreditations	5
	What to Expect	6
	Choosing Your Preferred Facility	6
	Changing Your Preferred Facility	6
	Changing Your Provider/Doctor	6
	Additional Information About Our Providers	7
	Co-Managed Care	7
	Making an Appointment	7
	Canceling an Appointment	
	Second Opinion	7
Vous	r VA Healthcare Services/Coverage	9
Tour	Which Veterans Pay for Which Services	
	Enrollment Priorities	
	Prescriptions	
	Dental Care	
	Chiropractic Care	
	Non-VA Care	
	Pre-Authorization	
	Retrospective Review	
	Cost Management	
	Long-Term Care	
	Travel	
	Special Mode Travel	
	Special Registry Programs	
	Spinal Cord Injury (SCI)	
	Blind Benefits	
	Former Prisoner of War (POW)	
Qua	ılity Care	
	Appeals	
	Grievances	
	Confidentiality	
	Release of Information	
	Advance Directives	
	Organ Donation	

Financial/Payment Information	16
Priority Groups and You	
Financial Issues	16
Financial Assessment	
Hardship Determinations	
Waivers	
Medication Co-Payments	
Health Insurance	
Hardship Determinations Waivers Medication Co-Payments Health Insurance Co-Payments Questions and Answers	17
Questions and Answers	
Appendix	20
Patient Rights and Responsibilities	
Listing of Important Phone Numbers	22

Introduction to Your Benefits

Welcome to Veterans Healthcare

Welcome to Veterans Health Administration (VHA), the health care division of the Department of Veterans Affairs (VA). VHA is committed to providing you with quality health care. We want to meet your health care needs by helping you avoid illness through prevention and wellness programs and services.

This handbook covers many of the health care services available. It explains what you are eligible for, how to use your health benefits and what to do if you have a problem.

This information is current as of the time of publication but may change as a result of law and/or regulation.

Getting Started (How to Apply)

To receive VA healthcare benefits, most veterans need to enroll. Enrollment is easy. You can apply at any time. You need to complete a one-page application form called VA Form 10-10EZ. You can get this form by visiting or calling the nearest VA healthcare facility. You can also get this form by calling the VHA toll free number at 1-877-222-VETS (1-877-222-8387). You can also find VA Form 10-10EZ on the VA website: www.va.gov/health/enroll or www.va.gov/visns/visn02/vet/enrollment.html

Some veterans do not need to enroll to receive VA healthcare benefits. You do not need to complete an enrollment form if:

- You have received VA healthcare services after October 1, 1996. (VA already processed an application for you.)
- VA has rated you as service connected disabled 50% or more
- You were discharged from military service less than one year ago for a military determined disability incurred or aggravated while in the line of duty but VA has not yet rated
- You are seeking care from VA for a service connected disability only (even if the rating is 0%)

If you fit into one of the above categories, you are not required to apply for enrollment. You are encouraged to apply so the VA can better plan for your health care needs.

When VA receives your enrollment application, it will be checked along with your military service record to determine your benefit eligibility. The results will be sent to you in writing.

Your enrollment information is reviewed each year. Continued enrollment may depend upon VA's available funding to provide care. You will be notified in writing if VA cannot renew your enrollment for another year.

Special Access to Care

Veterans with service-connected disabilities rated 50 percent or greater based on one or more disabilities or unemployability and veterans receiving care for a service-connected disability receive priority in scheduling of appointments for outpatient medical services and admission for inpatient hospital care.

¹The term service connected refers to a VA decision that your illness or injury incurred in or was aggravated by military service that resulted in some degree of disability. Generally, VA may pay compensation to you if your service connected disability is determined to be at least 10%.



Priority Groups and You

Once your eligibility status has been determined, you will be assigned to a priority group.

Congress requires VA to manage the health care system using eight priority groups. These priority groups determine who will be eligible to receive health care benefits each year.

VA receives funding for the health care system from the federal budget and other resources (e.g. health insurance policy collections). The sum of available funds is compared to the number of veterans who use the health care system. Veterans classified in the higher priority groups (e.g. priority groups 1 - 5) will be provided priority consideration to receive health care benefits. Veterans classified in the lower priority groups (e.g. priority groups 6 - 8) are at a lower priority for consideration.

In October 1996, Congress passed Public Law 104-262, the <u>Veterans' Health Care Eligibility Reform Act of 1996</u>. The priority groups determined by Congress are as follows:

Priority Group 1

• Veterans with service-connected conditions rated 50 percent or more disabling.

Priority Group 2

• Veterans with service-connected conditions rated 30 - 40 percent or more disabling.

Priority Group 3

• Veterans who are former POWs; who are awarded the Purple Heart; who have service-connected conditions rated 10 or 20 percent disabling; who are discharged from active duty for a disability incurred or aggravated in the line of duty; or who are awarded special eligibility classification under 38 U.S.C., Section 1151.

Priority Group 4

• Veterans who are receiving aid and attendance or housebound benefits; or who have been determined by VA to be catastrophically disabled.

Priority Group 5

- Non-service-connected veterans whose income and net worth are below the established dollar threshold
- Zero percent non-compensable service-connected veterans whose income and net worth are below the established dollar threshold
- Veterans in receipt of VA pension
- Veterans eligible for Medicaid

Priority Group 6

Includes all other eligible veterans who are not required to make a co-payment for their medical care, including:

- World War I and Mexican Border War veterans
- Compensable zero percent service-connected veterans
- Veterans solely seeking care for disorders associated with exposure to a toxic substance, radiation, or for disorders associated with service in the Gulf War, or; for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 (for other treatment these veterans are required to make co-payments based upon their reported income either under the Geographic Financial Assessment payment levels or the full medical care co-payment rate).



Priority Group 7

Veterans whose income is above the VA Financial Assessment threshold but below the applicable Geographic Financial Assessment threshold who agree to co-payments (inpatient co-payments reduced by 80%).

- Group 7a. Non-compensable zero percent service-connected veterans
- Group 7c. Non-service-connected veterans who are not eligible for enrollment if an enrollment decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions
- Group 7e. Zero percent non-compensable service-connected veterans who applied for enrollment after the date of an enrollment decision to restrict enrollment of new Priority Group 7 veterans
- Group 7g. Non-service-connected veterans who applied for enrollment after the date of an enrollment decision to restrict enrollment of new Priority Group 7 veterans

Priority Group 8

Veterans not included in priority group 4, 6 or 7 who are eligible for care only if they agree to pay the medical care co-payment.

- Group 8a. Zero percent non-compensable service-connected veterans
- Group 8c. Non-service-connected veterans

Veterans who are not eligible for enrollment.

These veterans are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions.

- Group 8e. Zero percent non-compensable service-connected veterans who applied for enrollment after January 16, 2003
- Group 8g. Non-service-connected veterans who applied for enrollment after January 16, 2003

Veterans Service Centers

Veterans Service Centers provide assistance with eligibility, enrollment, financial assessments, burial benefits, beneficiary travel, TRICARE (CHAMPUS), CHAMPVA and Army Reserve physical exams. The Veterans Service Center can also assist you with billing inquiries, benefits counseling, and updating your personal information. For more information, contact the Veterans Service Center Call Center at 1-888-823-9656.

Veterans Identification Card (VIC)

You will receive a Veteran Identification Card. Keep this card with you. You will need to bring it to all inpatient and outpatient visits.

Accreditations

The VA Healthcare Network Upstate New York is a quality health care organization with numerous awards, accreditations and affiliations, including:

- United States Nuclear Regulatory Commission License
- Commission on Cancer, (Hospital Cancer Program) American College of Surgeons Certification
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- College of American Pathologists Accredited Laboratory
- Commission on Accreditation of Rehabilitation Facilities (CARF) Three Year Accreditation
- American Association of Blood Banks (Transfusion Service) Accreditation
- American College of Radiology Mammographic Imaging Services Accreditation
- National Committee for Quality Assurance (NCQA) Accreditation



What to Expect

Patients who elect to have their primary care delivered at a VA facility will be assigned a primary care provider. This provider is part of a Primary Care Practice Team of other doctors, nurses and/or clerks at a VA medical center or community based outpatient clinic. The first primary care visit will be set up and scheduled at the patient's convenience.

During the first visit:

- The patient will meet his/her assigned provider.
- A physical examination will be done. The primary care provider will determine if there is a need for additional diagnostic testing (which may include blood/lab work, x-ray, etc.).
- A complete medical history will be obtained.

The first primary care visit is an important one. This is the time for the patient to develop a relationship with his/her provider and get acquainted with other members of the primary care team. Patients may also receive health education materials and guidance that may include: smoking cessation, depression screening, weight and exercise education, flu vaccine and/or pneumovax, diabetes and colon cancer screening.

Additional screening and education is available based upon specific diagnosis and individual patient medical needs.

In primary care, a strong emphasis is placed on preventive health maintenance. Primary care providers conduct the necessary physical examinations and screenings. Primary care also evaluates emergency medical needs between scheduled visits, arranges medication refills, and orders consultation by specialists.

Choosing Your Preferred Facility

When you enroll, you will be asked to choose a preferred VA facility.

This will be the VA facility where you will receive your primary care. You may select any VA facility that is convenient for you. If the facility you choose cannot provide the health care that you need, VA will make other arrangements for your care, based on administrative eligibility and medical necessity.

If you do not choose a preferred facility, VA will choose the facility that is closest to your home.

Changing Your Preferred Facility

You may change your preferred facility at any time. Simply discuss this with your primary care doctor. Your primary care doctor will coordinate your request with the Veterans Service Center at your local health care facility and make the change for you.

Changing Your Provider/Doctor

You have the right to change health care provider(s). Before making a change, discuss any problems/concerns with your current provider and work toward reaching an agreement. If you cannot reach an agreement, consult the facility Patient Representative to proceed.

Additional Information About Our Providers

If you would like more information about your health care provider, please contact the Network Credentialing and Privileging Manager at (315) 425-3780. A written request will be required to obtain this information.

You can obtain information regarding your provider's:

- Professional education where the provider attended school
- Training internship, residency, fellowship
- Current state licensure
- Board certification status whether or not the provider is Board Certified

Co-Managed Care

Patients who see a non-VA provider and want to have prescriptions filled or have treatment at the VA need to understand the following:

- The VA will coordinate care with a community-based provider so long as that care is provided in a safe and appropriate manner.
- You need to be enrolled in VA healthcare.
- In order to have prescriptions filled or treatment performed, you need to be seen by a VA healthcare provider.
- It is your responsibility to provide your VA healthcare provider with the appropriate medical records from your non-VA provider.
- The VA healthcare provider has to agree with the medication and/or treatment prescribed.
- The VA healthcare provider is under no obligation to follow the treatment plan or prescribe a medication recommended by a non-VA provider.

ALL of the above criteria must be met in order for the VA to provide quality co-managed care. Any questions can be directed to your Veterans Service Center.

Making an Appointment

Unless it is an emergency, we ask that you make an appointment for your care. You will receive information about making appointments from your preferred facility.

Canceling an Appointment

Please help us provide timely service. If you cannot keep your appointment, please notify us as soon as possible.

Second Opinion

VA does not require a second opinion. If you want a second opinion, one will be arranged for you. If you are receiving medical care from another source (private physician, HMO, etc.) and a second opinion is required and you are enrolled with VA healthcare, you may use the VA for that second opinion.



Which Veterans Pay For Which Services at VA Healthcare Facilities

(NOTE: This chart does not include Long Term Care Co-Payment Information)

	Inpá Co-Pá	Inpatient Co-Payment	Outpatient Co-Payment	Medication Co-Payment*	Insurance Billing	Insurance Balanced	Insurance Deductible/	Humanitarian Emergency
	GMT Co-pay	MT Co-pay						
Priority Group 1	No	No	No	No	Yes - if care was for NSC condition	No	No	No
Priority Groups* 2, 3 * * , 4 * * *	No	No	No	Yes - If less than 50% SC & medication is for NSC condition	Yes - if care was for NSC condition	No	S.	No
Priority Group* 5	No	No	No	Yes	Yes - if care was for NSC condition	No	No	No
Priority Group* 6 (WWI, Mexican Border & 0% SC Compensable)	No	No	No	Yes - if care was for NSC condition	Yes - if care was for NSC condition	No	No	No
Priority Group 6* (Veterans receiving care for exposure or experience****)	× * * * * * * * * * * * * * * * * * * *	No.**	% * * * * * * * * * * * * * * * * * * *	No***	Yes - if care was for NSC condition	No	Š	N _o
Priority Group 7	Yes	No	Yes	Yes - if provided for NSC condition	Yes - if care was for NSC condition	No	No	No
7c	Yes	No	Yes	Yes	Yes	No	No	No
7e	No	No	No	No	No	No	No	Yes
7g	No	No	No	No	No	No	No	Yes
Priority Group 8 8a	No	Yes	Yes	Yes- if provided for NSC condition	Yes - if care was for NSC condition	No	No	No
8c	No	Yes	Yes	Yes	Yes	No	No	No
8e	No	No	No	No	No	No	No	Yes
8g	No	No	No	No	No	No	No	Yes

^{*}SC - Service Connected *NSC - Non-Service Connected



- *An annual medication co-payment cap of \$840 has been established for veterans enrolled in priority groups 2-6. Medications will continue to be dispensed when the co-payment cap is met. An annual medication co-payment cap was not established for veterans enrolled in priority group 7 or 8.
- **Veterans in receipt of a Purple Heart are in Priority Group 3. This change occurred with the enactment of PL 106-117 on November 30, 1999.
- ***Medical care co-payment required veterans who are determined to be Catastrophically Disabled and who are placed in Priority Group 4 for treatment are still subject to the co-payment requirements. Catastrophically Disabled veterans in this priority group can be subject to full medical care co-payments or to reduced inpatient co-payments under the Geographic Financial Assessment criteria.
- *** Priority Group 6 Health insurance and all applicable co-payments will be billed when the care is for conditions not related to the veteran's exposure or experience. Veterans in this priority group can be subject to full medical care co-payments or to reduced inpatient co-payments under the Geographic Financial Assessment criteria.

Special Categories of Veterans - (i.e., Agent Orange, Ionizing Radiation, Persian Gulf, veterans receiving military sexual trauma counseling) are subject to medical care co-payments when the treatment is not related to their exposure or experience. The initial registry examination and follow-up visits to receive results of the examination are not billed to the health insurance carrier. However, care provided not related to exposure, if it is non-service-connected will be billed to the insurance carrier.

Medication Co-Payment Exemption - All veterans receiving prescriptions for non-service-connected pension (NSC) program conditions who meet the low-income criteria (income limits for the VA NSC) are exempt from the medication co-payment.

Long Term Care Co-Payments - Changes to Long Term Care Co-payments are effective June 17, 2002 and are displayed on page 13.

Priority Group 7a and 7c Veterans - Veterans enrolled in this priority group have income above the VA Financial Assessment threshold but below the Geographic Financial Assessment threshold and are responsible for 20% of the inpatient co-payment and 20% of the inpatient per diem co-payment. The Geographic Financial Assessment co-payment reduction does not apply to outpatient and medication co-payments and veterans will be assessed the full applicable co-payment charges. Note that reduced inpatient co-payments can apply to veterans in Priority Groups 4 and 6 based upon the income of the veteran.

Priority Group 7e and 7g Veterans - Veterans assigned to Priority Group 7e or 7g are not eligible for enrollment if a decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 7e are eligible for care of SC conditions at no charge.

Priority Group 8a and 8c Veterans - Veterans enrolled in this priority group are responsible for the full inpatient copayment and the inpatient per diem co-payment for care of their NSC conditions. Veterans in this priority group are also responsible for outpatient and medication co-payments for care of their NSC conditions.

Priority Group 8e and 8g Veterans - Veterans assigned to Priority Group 8e or 8g are not eligible for enrollment. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 8e are eligible for care of service-connected (SC) conditions at no charge.



Enrollment Priorities

Priority Group 1:

> Veterans with service-connected conditions rated 50 percent or more disabling

Priority Group 2:

> Veterans with service-connected conditions rated 30 to 40 percent or more disabling

Priority Group 3:

> Veterans who are former POWs; who are awarded the Purple Heart; who have service-connected conditions rated 10 or 20 percent disabling; who are discharged from active duty for a disability incurred or aggravated in the line of duty; or who are awarded special eligibility classification under 38 U.S.C., Section 1151

Priority Group 4

> Veterans who are receiving aid and attendance or housebound benefits; or who have been determined by VA to be catastrophically disabled

Priority Group 5

- > Non-service-connected veterans whose income and net worth are below the established dollar threshold
- > Zero percent non-compensable service-connected veterans whose income and net worth are below the established dollar threshold
- > Veterans in receipt of VA pension
- > Veterans eligible for Medicaid

Priority Group 6

Includes all other eligible veterans who are not required to make a co-payment for their medical care, including:

- > World War I and Mexican Border War veterans
- > Compensable zero percent service-connected veterans
- > Veterans solely seeking care for disorders associated with exposure to a toxic substance, radiation, or for disorders associated with service in the Gulf War, or; for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 (note that for other treatment these veterans are required to make co-payments based upon their reported income either under the Geographic Financial Assessment co-payment levels or the full medical care co-payment rate.

Priority Group 7

Veterans whose income is above the VA Financial Assessment threshold but below the applicable Geographic Financial Assessment threshold who agree to co-payments (inpatient co-payments reduced by 80%).

- ➤ Group 7a. Non-compensable 0% service-connected veterans
- > Group 7c. Non-service-connected veterans

Veterans who are not eligible for enrollment if an enrollment decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions

- > Group 7e. Zero percent non-compensable service-connected veteranswho applied for enrollment after the date of an enrollment decision to restrict enrollment of new Priority Group 7 veterans
- > Group 7g. Non-service-connected veterans who applied for enrollment after the date of an enrollment decision to



restrict enrollment of new Priority Group 7 veterans

Priority Group 8

Veterans not included in priority group 4, 6 or 7 who are eligible for care only if they agree to pay the medical care co-payment.

- > Group 8a. Zero percent non-compensable service-connected veterans
- > Group 8c. Non-service-connected veterans

Veterans who are not eligible for enrollment. These veterans are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions

- > Group 8e. Zero percent non-compensable service-connected veterans who applied for enrollment after January 16, 2003
- > Group 8g. Non-service-connected veterans who applied for enrollment after January 16, 2003

Prescriptions

As an enrolled patient in the VA healthcare system, you can obtain medications and medical supplies that are authorized by your VA provider. Medications are prescribed from an approved list of medications called a formulary.

Dental Care

In general, dental benefits are limited to:

- Veterans who have service connected dental conditions
- POWs who were detained or interned for a period of not less than 90 days
- Veterans who have a service connected disability rated permanent and total
- Veterans with a service connected disability rated as total individual unemployability

Contact your local Veterans Service Center to determine whether you are eligible for dental benefits.

Chiropractic Care

If you are enrolled in VA healthcare you are eligible for chiropractic treatment. Discuss the need for chiropractic care with your VA primary care provider. You may be required to see a VA specialist before seeing a chiropractor. The VA only pays for chiropractic services related to the manipulation of the spine. The VA does not have chiropractors on staff. However, the VA may pay for your chiropractic treatments if your VA primary care provider decides it is necessary.

Non-VA Care

In limited circumstances, non-VA care (care provided outside the VA) may be provided. It must be authorized in advance.

Payment for care outside the VA is governed by strict federal regulations. Service-connection is the basis for payment for most non-VA inpatient care. You may be responsible for a co-payment, depending on the amount billed to the VA and the circumstances surrounding your care.

We encourage you to seek care at our VA facilities. Never place yourself at risk in an effort to avoid incurring a medical bill! The Millennium Health Care and Benefits Act was enacted to ensure that every veteran enrolled in VA Healthcare has access to emergency services, even if he/she has no other health care coverage (including Medicare, Medicaid and TRICARE).

Pre-Authorization

For VA payment to be pre-authorized, your VA primary care provider (PCP) must make a non-VA referral to the Network Authorization Office (NAO). If the care you need is available at one of our VA facilities, your PCP is instructed to make the referral within the VA system.

Retrospective Review

NAO reviews all requests for payment of inpatient, outpatient and emergency care that has not been authorized in advance to determine if you meet eligibility requirements for payment. NAO makes a decision within 30 days of obtaining the necessary medical information from the vendor requesting payment.



Cost Management

Initial payment decisions are based on eligibility and availability of requested service within the VA. Care is never denied on the basis of cost constraints. VA providers are not rewarded for under use of services or reducing costs. Health care provided to veterans is based on medical necessity.

Long Term Care Co-Payments

Some veterans without service-related medical problems will be charged co-payments for extended care. The co-payments are tailored to the individual and based on the veteran's ability to pay. The Millennium Health Care and Benefits Act mandated this change.

Veterans who are not required to make extended care co-payments include those:

- with any compensable service-connected disability
- whose incomes are below the VA single pension level of \$9,556
- who have received extended care from VA continually since November 1999

Under the new regulations, veterans receive the first 21 days of care free in any 12-month period. After that, the maximum that veterans could pay is:

- \$97 for each day of nursing home care
- \$15 for each day of adult day health care
- \$5 for each day of domiciliary care
- \$97 for each day of institutional respite care
- \$15 for each day of non-institutional respite care
- \$97 for each day of institutional geriatric evaluation
- \$15 for each day of non-institutional geriatric evaluation

Travel

Reimbursement for mileage or public transportation may be paid for the following:

- Veterans with service connected disabilities rated at 30% or more.
- Veterans traveling for treatment of a service connected condition.
- Veterans receiving a VA pension.
- Veterans traveling for scheduled compensation and pension examinations.
- Veterans whose income does not exceed the maximum VA pension rate.

Mileage reimbursement is made at the rate of \$.11 per mile. Travel payment is subject to a \$3.00 deductible for each one-way trip. There is an \$18 per month maximum deductible. If you are traveling for a compensation and pension examination, you are not subject to a deductible.

Special Mode Travel

If you have a medical condition that requires a special mode of transportation and are unable to pay the cost of that transportation, the VA may cover the cost. Special modes of transportation costs must be pre-authorized by the VA. If you have a medical emergency, and a delay in travel would be unsafe, travel does not need to be pre-authorized. When traveling by special modes of transportation (ambulance or specially equipped van), there is no deductible.



Special Registry Programs

The VA has established a special registry designed to provide you with examinations/medical care, if you have been exposed to one of the following:

- Agent Orange or other herbicides
- Ionizing radiation
- Environmental contaminants associated with service in the Gulf War

Contact the nearest VA healthcare facility if any of these apply to you.

Spinal Cord Injury (SCI)

The VA provides a full range of care for veterans who have:

- Sustained injury to the spinal cord
- Multiple Sclerosis
- Other non-progressive neurological deficit lesions

The VA has many Spinal Cord Injury Centers. Contact the nearest VA healthcare facility for more information.

Blind Benefits

Services for blind veterans are available at all VA medical centers. To determine your eligibility for blind rehab center/clinic services, contact the Visual Impairment Services (VIST) Coordinator.

Former Prisoner of War (POW)

Former prisoners of war are placed on a special list and may be eligible for certain health and dental benefits, as well as special medical exams. If you are a former POW, please contact the Veterans Service Center for more information.



Quality Care

Appeals

You have the right to appeal the denial of any VA benefit. There are two methods of appealing a decision:

Informal: You may informally appeal VA healthcare decisions by speaking with the Patient Representative at any VA healthcare facility. The Patient Representative will work with staff on your behalf to resolve most problems.

Formal: If the Patient Representative is unable to resolve an issue, you may file a formal appeal. To initiate a formal appeal, contact your local Veterans Service Officer. You have one year from the date of notification of the denial to file an appeal.

Grievances

Individual VA facilities have their own grievance procedure. Generally, you can address your concerns with the Patient Representative.

Confidentiality

VA is responsible for maintaining and ensuring the confidentiality of your medical and financial information.

Release of Information (ROI)

You may request a copy of your medical information for yourself or a third party. You must sign a consent form authorizing the VA to release the information. The ROI office is able to assist you to:

- Obtain your DD214
- Request a correction or amendment to your medical record
- Have a non-VA form completed by your provider
- Request documents through the Freedom of Information Act (FOIA)

Advance Directives - Health Care Proxy, Durable Power of Attorney

VA encourages you to think about your health care options through the use of advanced directives such as a health care proxy and/or durable power of attorney. Staff at your local facility can help you complete the necessary forms.

Organ Donation

VA participates in the organ donation program. For more information, contact a member of your health care team.



Financial/Payment Information

Priority Groups and You

Once your eligibility status has been determined, you will be assigned to a priority group.

Congress requires VA to manage the health care system using eight priority groups. These priority groups determine who may be eligible to receive health care benefits each year.

VA receives funding for the health care system from the federal budget and other resources (e.g. health insurance policy collections). The sum of available funds is compared to the number of veterans who use the health care system. Veterans classified in the higher priority groups (e.g. priority groups 1 - 5) will be provided priority consideration to receive health care benefits. Veterans classified in the lower priority groups (e.g. priority groups 6-8) are at a lower priority for consideration.

Financial Issues

If you are a non-service connected veteran or 0% non-compensable service connected veteran, you are required to complete an annual means test. Depending on your income level, you may be required to make co-payments for your care and/or medications. If you are less than 50% service connected you are required to make co-payments for medications. If your income is below the pension threshold, you may take a co-pay test to waive these charges (see your local Veterans Service Center).

Financial Assessment

Each year, you must complete a financial assessment. The financial assessment is based on the previous year's family income, assets and debts. This information is used to determine your co-payment.

You can agree to make co-payments without providing any financial information. If you indicate this on your application form, you will automatically be put into a co-pay category.

- Should you decline to complete the financial assessment or not agree to make the co-payments, you will not be eligible for VA healthcare.
- Financial information may be subject to verification with the Internal Revenue Service and Social Security Administration.

Hardship Determinations

A hardship determination is a special process used to change your priority group. You may request (in writing) to be placed in a different priority group based on a change in your financial situation. Hardship consideration is given for loss of employment, business bankruptcy or out-of-pocket medical expenses. Even though an application for hardship is made, no result is necessarily guaranteed. Contact your local Veterans Service Center for more detailed information.

Waivers

You may request a waiver for a portion of or the entire amount of your co-payment charges. You may also request a hearing on the waiver request. Contact your local MCCF office for more detailed information.



Medication Co-Payments

As part of your VA healthcare, prescription medications are available. In most cases, a co-payment is required for prescriptions. You should contact the nearest VA healthcare facility for the most current information.

Health Insurance

We need to know about your health insurance. The VA encourages you to maintain any health insurance plans you currently hold. The VA bills private insurance companies for all non-service connected care a veterans receives. (The VA does not bill insurance companies for treatment of service connected conditions.)

You do not have to pay any balances that are not covered by your insurance carrier. Many insurance companies apply the VA healthcare charges toward the satisfaction of your annual deductible.

Your co-payments may be offset by the payments we receive from your insurance company.

Your current insurance status (insured or uninsured) has no bearing on your VA healthcare benefits. You are eligible for care regardless of your current insurance status.

Co-Payments

You may be required to pay a co-payment for care and prescriptions.

If you can't afford the co-payments, you may request a waiver. Contact your local MCCF office for more detailed information.

If co-payments become a hardship, you may establish a payment plan. Failure to pay could result in garnished wages, offset of your VA compensation benefits or your income tax refunds.



Questions and Answers

If I am enrolled in VA healthcare, what benefits will I receive?

You are eligible for inpatient and outpatient services, including preventive and primary care, rehabilitation, mental health and substance abuse treatment, home health, respite and hospice care, and prescription medications.

Once I am enrolled, what are the costs?

VA healthcare does not charge a monthly premium, however, you may be responsible for co-payments. If you have your own insurance, it may cover the cost of the co-payments.

Is this an insurance policy or an HMO?

It is neither. VA healthcare is funded through appropriations from the federal government. This is not the same as an insurance contract. You do not pay monthly premiums to receive VA healthcare. You are not required to use VA as your exclusive health care provider. If you have health insurance, or eligibility for other programs such as Medicare, Medicaid or CHAMPUS/TRICARE, you may continue to use those programs. We recommend that, if you have other insurance or HMO coverage, you keep that coverage to provide you with a variety of options and flexibility.

If I am covered by another insurance company, do I have to pay the deductibles when being treated by the VA?

No. VA does not require you pay those charges. Many insurance companies will apply VA co-payment charges toward satisfaction of their annual deductible.

Are there any restrictions to receiving care at a private facility (at VA expense)?

Yes. Care in private facilities is provided only under certain circumstances. You may receive care at a private facility, if the VA has a contract arrangement for services. If you have a service connected disability and it is too far from your home to a VA facility, you may be eligible to receive care at a private facility.

Will VA pay for care in private facilities?

Usually not. VA provides care in private facilities at VA expense when there is a contractual arrangement. If VA approves your care in advance or receives timely notification of an emergency room visit or admission, your private facility care may be covered.

How do I qualify for emergency services at a non-VA facility?

In order to qualify for emergency services at a non-VA facility, you must meet ALL of the following criteria:

- You received care in a hospital emergency department or similar facility providing emergency care
- You are enrolled in the VA healthcare system
- You have been provided care by a VA healthcare provider within the last 24 months
- You are financially liable to the provider of the emergency treatment
- You have no other form of health insurance
- You do not have coverage under Medicare, Medicaid, or a state program
- You do not have coverage under any other VA program
- You have no other contractual or legal recourse against a third party that may pay all or part of the bill
- VA or other federal facilities were not available at time of the emergency
- The care must have been rendered a medical emergency when a delay in seeking immediate medical attention would have been hazardous to your life or health



What if I get sick while traveling?

You may receive care at any VA facility in the country. Before traveling, you should familiarize yourself with the location of the nearest VA healthcare facility where you will be staying. VA's authority to reimburse you for care in non-VA facilities is very limited.

Can I get dental care?

Dental benefits are limited to service connected dental conditions or to veterans who are permanently and totally disabled from service connected causes. For specifics, contact the Veterans Service Center at your local VA healthcare facility.

Will VA take care of my nursing home needs?

See page 13 for a complete explanation of covered long term care benefits.

Can I get hearing aids and eyeglasses from VA?

Hearing aids and eyeglasses require a service connected disability rating of 10% or more. They are not provided to non-service connected veterans for naturally occurring hearing or vision loss. Additional information is available at your local Veterans Service Center.

What kinds of maternity services are provided?

VA provides maternity care but cannot provide care to a newborn child - even in the immediate aftermath of the birth. Other arrangements must be made for payment for the care of the child.

Are there any limits to the number of days of care or outpatient visits VA will provide?

No. Your doctor will determine how long you need hospital care or outpatient services. VA will provide care consistent with current medical care practices.

Are all veterans notified of their enrollment confirmation at the same time?

VA sends confirmation letters by priority group. Notification letters are mailed at different times.



Appendix

Patient Rights and Responsibilities

Veterans Health Administration (VHA) employees will respect and support your rights as a patient. We are pleased you have selected us to provide your health care. We plan to make your visit or stay as pleasant for you as possible. Your basic rights and responsibilities are outlined in this document. Please talk with VA treatment team members or a patient advocate if you have any questions or would like more information about your rights.

I. Respect and Nondiscrimination

- You will be treated with dignity, compassion and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will seek to honor your personal and religious values.
- You or someone you choose have the right to keep and spend your own money. You have the right to receive an accounting of VA held funds.
- Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.
- As an inpatient or long-term care resident you may wear your own clothes and keep personal items. This depends on your medical condition.
- As an inpatient or long-term care resident, you have the right to social interaction, and regular exercise. You will have the opportunity for religious worship and spiritual support. You may decide whether or not to participate in these activities. You may decide whether or not to perform tasks in or for the Medical Center.
- As an inpatient or long-term care resident, you have the right to communicate freely and privately. You may have or refuse visitors. You will have access to public telephones. You may participate in civic rights.
- As a long-term care resident, you can organize and take part in resident groups in the facility. Your family also can meet with the families of other residents.
- In order to provide a safe treatment environment for all patients and staff you are asked to respect other patients and staff and to follow the facility's rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

II. Information Disclosure and Confidentiality

- You will be given information about the health benefits that you can receive. The information will be provided in a way you can understand.
- You will receive information about the costs of your care, if any, before you are treated. You are responsible for paying for your portion of the costs associated with your care.
- Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (i.e., State public health reporting). You have the right to information in your medical record and may request a copy of your records. This will be provided except in rare situations where your VA physician feels the information will be harmful to you. In that situation, you have the right to have this discussed with you by your VA provider.
- You will be informed of all outcomes of care, including any injuries caused by your medical care. You will be informed about how to request compensation for injuries.



III. Participation in Treatment Decisions

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. Refusing treatment will not affect your rights to future care but you have the responsibility to understand the possible results to your health. If you believe you cannot follow the treatment plan you have a responsibility to notify the treatment team.
- As an inpatient or long-term care resident, you will be provided any transportation necessary for your treatment plan.
- You will be given, in writing, the name and professional title of the provider in charge of your care. As a partner in the healthcare process, you have the right to be involved in choosing your provider. You will be educated about your role and responsibilities as a patient. This includes your participation in decision-making and care at the end of life.
- Tell your provider about your current condition, medicines (including over the counter and herbals) and medical history. Also, share any other information that affects your health. You should ask questions when you don't understand something about your care. This will help in providing you the best care possible.
- You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.
- You have the right to choose whether or not you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure on you to participate.
- You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Committee and/or other staff knowledgeable about health care ethics.
- If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.

IV. Complaints

• You are encouraged and expected to seek help from your treatment team and/or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process available to you. You may complain verbally or in writing, without fear of retaliation.



Important Phone Numbers

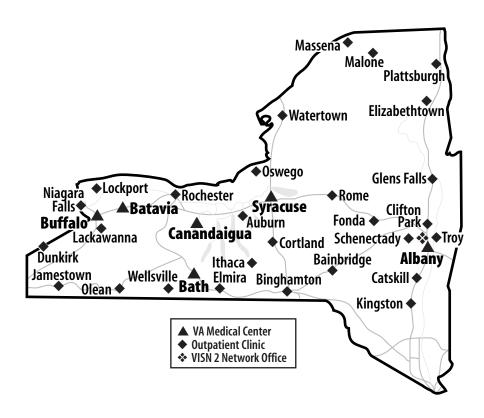
VA Healthcare Network Upstate New York - Facilities

Facility	Address	Phone
Albany VA Medical Center: Samuel S. Stratton	113 Holland Avenue, Albany, NY 12208	(518) 626-5000
Bath VA Medical Center	76 Veterans Avenue, Bath, NY 14810	(607) 664-4000
Canandaigua VA Medical Center	400 Fort Hill Avenue, Canandaigua, NY 14424	(585) 394-2000
Syracuse VA Medical Center	800 Irving Avenue, Syracuse, NY 13210	(315) 425-4400
VA Western New York Healthcare System at Batavia	222 Richmond Avenue, Batavia, NY 14020	(585) 343-7500
VA Western New York Healthcare System at Buffalo	3495 Bailey Avenue, Buffalo, NY 14215	(716) 834-9200
Auburn VA Outpatient Clinic	17 Lansing Street, Auburn, NY 13021	(315) 255-7002
Bainbridge VA Outpatient Clinic	109 North Main Street, Bainbridge, NY 13733	(607) 967-8590
Binghamton VA Outpatient Clinic	425 Robinson Street, Binghamton, NY 13001	(607) 772-9100
Catskill VA Outpatient Clinic	Greene Medical Building, 159 Jefferson Heights, Catskill, NY 12414	(518) 943-7515
Clifton Park VA Outpatient Clinic	1673 Route 9, Clifton Park, NY 12065	(518) 383-8506
Cortland VA Outpatient Clinic	1104 Commons Avenue, Cortland, NY 13045	(607) 662-1517
Dunkirk VA Outpatient Clinic	325 Central Avenue, Dunkirk, NY 14048	(716) 366-2122
Elizabethtown VA Outpatient Clinic	PO Box 277, Park Street, Elizabethtown, NY 12932	(518) 873-3295
Elmira VA Outpatient Clinic	Health Services Building, 200 Madison Avenue Suite 2E, Elmira, NY 14901	(877) 845-3247
Fonda VA Outpatient Clinic	Camp Mohawk Plaza, Rt. 30A, Fonda, NY 12068	(518) 853-1247
Glens Falls VA Outpatient Clinic	84 Broad Street, Glens Falls, NY 12801	(518) 798-6066
Ithaca VA Outpatient Clinic	10 Arrowwood Drive, Ithaca, NY 14850	(607) 274-4680
Jamestown VA Outpatient Clinic	890 East Second Street, Jamestown, NY 14701	(716) 661-1447
Kingston VA Outpatient Clinic	63 Hurley Avenue, Kingston, NY 12401	(845) 331-8322
Lackawanna VA Outpatient Clinic	OLV Family Care Center, 227 Ridge Road, Lackawanna, NY 14218	(716) 822-5944
Lockport VA Outpatient Clinic	5875 S. Transit Road, Lockport, NY 14094	(716) 433-2025
Malone VA Outpatient Clinic	133 Park Street, Malone, NY 12953	(518) 481-2545
Massena VA Outpatient Clinic	1 Hospital Drive, Massena, NY 13662	(315) 769-4253
Niagara Falls VA Outpatient Clinic	Niagara Family Medicine, Assoc., 620 10th St., Suite 709, Niagara Falls, NY 14301.	(716) 285-6663
Olean VA Outpatient Clinic	Olean General Hospital, 623 Main Street, Olean, NY 14760	(716) 375-7555
Oswego VA Outpatient Clinic	County Route 45A, Seneca Hills Health Services Center, Oswego, NY 13126	(315) 343-0925
Plattsburgh VA Outpatient Clinic	43 Durkee Street, Plattsburgh, NY 12901	(518) 561-8310
Rochester VA Outpatient Clinic	465 Westfall Road, Rochester, NY 14620	(585) 242-0160
Rome VA Outpatient Clinic	125 Brookley Road, Building 510, Rome, NY 13441	(315) 334-7100

Facility	Address	Phone
Schenectady VA Outpatient Clinic	1475 Balltown Road, Niskayuna, NY 12309	(518) 346-333
Troy VA Outpatient Clinic	500 Federal Street, Troy, NY 12180	(518) 274-770
Watertown VA Outpatient Clinic	218 Stone Street, Watertown, NY 13601	(315) 788-505
Wellsville VA Outpatient Clinic	Jones Memorial Hospital Health Care Center, 15 Loder Street, Wellsville, NY 14895	(585) 596-411
Albany Vet Center	875 Central Avenue, Albany, NY 12206	(518) 626-745
Buffalo Vet Center	351 Linwood Avenue, Buffalo, NY 14209	(716) 882-050
Rochester Vet Center	134 South Fitzhugh Street, Rochester, NY 14614	(585) 263-571
Syracuse Vet Center	716 East Washington Street, Syracuse, NY 13203	(315) 478-712
Veterans Benefits Administration		
Buffalo Regional Office	111 W Huron Street, Buffalo, NY 14202	(800) 827-100
New York Regional Office	245 W Houston Street, New York, NY 10014	(800) 827-100
White River Junction Regional Office	N. Hartland Road, White River Junction, VT 05009	(800) 827-100
National Cemetery Administration		
Bath National Cemetery	VA Medical Center, San Juan Avenue, Bath, NY 14810	(607) 664-485
Calverton National Cemetery	210 Princeton Blvd., Calverton, NY 11933	(631) 727-541
Cypress Hills National Cemetery	625 Jamaica Avenue, Brooklyn, NY 11208	(718) 235-628
Long Island National Cemetery	2040 Wellwood Avenue, Farmingdale, NY 11735-1211	(631) 454-494
Saratoga National Cemetery	200 Duell Road, Schuylerville, NY 12871-1721	(518) 581-912
Woodlawn National Cemetery	1825 Davis Street, Elmira, NY 14901	(607) 732-541
Veterans Service Centers		
Call the Veterans Service Center Call Center toll free		1-888-823-965
Albany VA Medical Center: Samuel S. Stratton	113 Holland Avenue, Albany, NY 12208	(518) 626-671
Bath VA Medical Center	76 Veterans Avenue, Bath, NY 14810	(607) 664-489 (607) 664-489
Canandaigua VA Medical Center	400 Fort Hill Avenue, Canandaigua, NY 14424	(585) 393-710
	800 Irving Avenue, Syracuse, NY 13210	
	222 Richmond Avenue, Batavia, NY 14020	
VA Western New York Healthcare System at Buffalo	3495 Bailey Avenue, Buffalo, NY 14215	(716) 862-888



Reaching Us Is Easy



VA Healthcare On The Web

www.va.gov/visns/visn02

Upstate New York Veterans ~

Wherever you are, When you need help ...

VA TELCARE 1-888-838-7890





4/03

BLANK

Network 2 Communications 465 Westfall Road Rochester, NY 14620